**PART B-ISSUE FEE TRANSMITT** \*9 and mail this form, together with ? able fees, to: **BOX ISSUE FEE** Assistant Commissioner for Par Washington, D.C. 20231 MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. **Certificate of Mailing** CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class HM31/0508 mail in an envelope addressed to the Box Issue Fee address above on the date indicated below. RENEE A. FITTS TOWNSEND AND TOWNSEND AND CHECKING TWO EMBARCADERO CENTER. 8 THE POST SICON SAN FRANCISCO CA 94111-2422UG 07 1998 (Depositor's name) (Signature) APPLICATION NO. FILING DATE EXAMINER AND GROUP ART UNIT DATE MAILED 08/328,673 10/25/94 GUZO, D 016 05/08/98 1636 First Named GREGORY, RICHARD J. **Applicant** TITLE OF RECOMBINANT ADENOVIRAL VECTOR AND METHODS OF USE ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE 3 PCJ1192 435-172.300 D87 UTILITY YES 08/10/98 YO 320.00 TOWNSEND Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list TOWNSEND and Craw Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) attomeys or agents on, months as a the name of a single firm (having as a still) ☐ Change of correspondence address (or Change of Correspondence Address form member a registered attorney or actil) and the names of up to 2 registed patent attorneys or agents. If no calle is listed, no PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropiate when an assignment has been previously submitted to ☐ Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for ☐ Advance Order - # of Copies\_ filing an assignment. Canji, Inc. (A) NAME OF ACCIONEE 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) San Diego, California 20-1430 DEPOSIT ACCOUNT NUMBER. (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) ☐ individual Corporation or other private group entity □ aovemment Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. MANNE PENCE (Authorized Signature) (Date) Timothy L. Smith, Reg. 35,367 NOTE; The issue Fee will not be accepted from anyone other than the applicant; a registered attorney 08/10/1998 ASEAFORT 00000220 201430 or agent; or the assignee or other party in interest as shown by the records of the Patent and 08328673 Trademark Office. 01 FC:142 02 FC:561 1320.00 CH Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary 30.00 CH depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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